## CONGRESSMAN RUBÉN HINOJOSA 15th Congressional District Office

311 North 15th Street ◆ McAllen, Texas 78501 ◆ (956) 682-5545 / (956) 682-0141 fax 107 South Saint Mary's ◆ Beeville, Texas 78102 ◆ (361) 358-8400 / (361) 358-8407 fax

Date:		People ID No.:		
Full N	Name of Constituent:			
Maili	ng Address:			
City,	State, Zip:			
Phone No.:		Other No:		
Date of Birth:		Social Security #:		
	SOCIAL SECURITY ADMIN	ISTRATION: Retirement BenefitsSSI		
	VETERANS ADMINISTRATION - VA Claim #:			
	Military Branch:	Date of Entry:		
	Type of Discharge:	Date of Separation:		
	<b>Beneficiary Information:</b>			
	Date of Birth:	Social Security #:		
		Expiration Date:		
	Date of Entry:SRC #:	Port of Entry:		
	Immigration Form Filed (specify where applicable):  I-129: petition for a fiancé(e) I-130: petition for alien relatives I-140: petition for foreign workers, i.e., employment-based immigration I-751: petition for removal of conditional residence, e.g., married individuals and children N-400: application for naturalization			
	Other BCIS form (specify where applicable) Where Filed:			
☐ This v	OTHER TYPE OF CASE: (spe	cify)  Hinojosa to act on my behalf in accordance with the provisions of the		
	Constituent (Print Name)	Constituent (Signature)		
	Constituent (Finit Ivaine)	Constituent (Signature)		

Constituent Name:			
Name and Address o	f Agency (ies) to	be contacted:	
Summary of Request	t (what you wan	t Congressman Hinojosa to d	lo on your behalf):
Narrative (explain w		have taken to resolve your p	roblem and any response
office use only:			
_ Telephone Call _	Fax	Walk into DC office	Referral
IMAIL/e-mail	U.S. Mail	DO office	Other (explain below)
mments:			